Project *OFFENSE* MEETING AGENDA & CONTENT

Representative Meetings

I. 4th Quarter Goals for the A&A Franchise

- Differentiate VIOXX and drive share in the COXIB market using NEW narcotic comparative efficacy data to prepare for new COXIB market entrants
- Begin every physician discussion with the efficacy messages, followed by elderly safety data and GI safety data for VIOXX.
- Quickly and effectively address all physician obstacles and return to the core messages for VIOXX
- Enroll and pull through the Value Incentive Program (VIP) for VIOXX hospital pricing program to maximize community spillover
- Continue to position VIOXX with targeted physicians as an effective choice for their new start patients and patients not satisfied with current therapy with Chronic Osteoarthritis and/or Acute Pain

II. Meeting Outcomes

- Understand and be capable of delivering the revised narcotic comparative efficacy messages in the context of a complete product discussion in a balanced manner on all calls, followed by closing targeted physicians by asking for new patient starts or patients not satisfied with current therapy.
- Assign representative ownership of targeted hospital accounts and do all tactical planning to implement and pull-through the new, VIP program
- Excellence in obstacle handling, utilizing the CV, Hypertension and Whelton obstacle handlers

III. Resources Required

• Performance slides (Manager) • Meeting slides (see attached PowerPoint presentation) • Core sales aid and roadmap	• New obstacle handler and roadmap (See bulletin COX 01-056) • CV card (OAN# 0013905) • VIP Bulletin COX 01-065	• Copies of the content included in Bulletins COX 01-032, COX 01-045, COX 01-052 and COX 01-053 • Optional-MOBIC background information COX 00-026

IV. Meeting Agenda and Content

Timing	Agenda	Expectations
10 minutes	Performance Update & Benchmarks for 2001 (BM to insert slides)	• BM review of the Cluster, District and Region sales and market share performance for the first 3 quarters of 2001. • Review market share, PPO sales objectives and benchmarks for 2001.
20 minutes	Review 4Q Marketing Strategy, Objectives and Timelines for VIOXX (see attached PowerPoint slides)	• Understand and review Q4 strategy and objectives for VIOXX • Review market event and promotional timelines to understand the anticipated events for Q4 2001 • Understand marketing rationale to successful launch of the new narcotic data
75 minutes	Messaging: Practice Q4 product discussion for VIOXX (see attached PowerPoint slides)	• Review new data comparing VIOXX 50mg and Oxycodone/Acetaminophen (5/325) • Review flow of new Q4 core visual aid • Understand messages and their significance and be able to deliver a balanced 1-minute product discussion using a visual aid as well as a balanced FMC/expanded product discussion.
45 minutes	CV, Hypertension and Whelton Obstacles and Responses	**Using approved resources:** • Be able to apply the obstacle-handling guide for Cardiovascular events • Be able to apply the obstacle-handling guide for Hypertension • Be able to apply the revised obstacle-handling guide for the Whelton paper • Be able to provide clear obstacle resolution messages in a 30-second discussion with a transition back to the core messages for VIOXX

Project *OFFENSE* MEETING AGENDA & CONTENT

Representative Meetings

30 minutes	Tactical Planning	• Review target Top 50 lists • Ensure that lists include HI Coxib/Early Adopters to guarantee coverage on those most likely to experiment with new agents • Ensure call coverage by all group A, B and C representatives at least one time per month on top 50 physician targets
30 minutes	VIP	• Review terms and conditions of this exciting new program • Understand the rationale and the steps to roll out the program • Form a tactical plan to roll out program and guarantee pull-through in the community • All plans must be coordinated with Hospital Sales organization
60 minutes	Certification of Representatives and Closing Comments	• Practice detail with new narcotic messages • Utilize pre-launch questions • Summarize District/Cluster performance • Summarize Strategy and Objectives • Summarize Tactical Plans and Steps for Implementation • Summarize Messaging and Promotional Emphasis for Q4 • Emphasize the new Sales Incentive Plan

A\D RED.AUTO-FILE REDACTED

Project "OFFENSE Trend Break" National Tactical Plan

Suggested TACTICS for immediate implementation

1. Go on offense in the COXIB Market

1. 1 New Data for VIOXX

- Support the efficacy perception of VIOXX using the new narcotic (oxycodone/acetaminophen 5/325) comparative data in acute pain
- Target and incorporate the TOP 50 Hi Coxib physicians in current Top 50 volume prescriber lists.
- Call objectives:
  - During first two weeks of promotion ensure a minimum of 6 contacts on the aggregate top 50 lists
  - Following initial period, ensure a minimum of 1 contact per month by each A, B and C representative
- Implement the core message strategy on all calls based on current prescribing behavior:
  - New Narcotic Data Message-<**Extra Emphasis** *here for HI VIOXX*>
  - Chronic OA Data Message
  - Safety data in the Elderly Message-<**Extra Emphasis** *here for HI celebrex by probing on safety issues*>
  - GI Safety/Endoscopic-<**Extra Emphasis** *here for HI NSAID*>
- Certify all representatives on both a 1-minute product discussion and an expanded/FMC discussion
- Communicate the revised incentive program, which is available to all representatives and managers based on their performance NOW!
- Focus on providing appropriate balance as part of all product discussions.

1. 2 Obstacle Handling:

- Utilize the Dear Healthcare Provider letters with a copy of the prescribing information as a resource when appropriate.
- Certify rep competency handling CV obstacles utilizing CV card, obstacle response and PIR process when asked unsolicited questions regarding the CV safety of VIOXX
- Use Whelton Obstacle response and Package Insert for VIOXX and CELEBREX if necessary to handle obstacles associated with competitive utilization of the Mar/Apr American Journal of Therapeutics article. Remind physicians that these effects are reported with all NSAIDS.

1. 3 Value Incentive Program (VIP) for VIOXX:

- Maximize impact and pull through in the community of the VIP program.
- Assign ownership and tactics to all targeted institutions to ensure achievement of market share objectives.
- Use program to differentiate the strong efficacy in acute pain for maximum community spill-over.

1.4 Follow up and monitoring:

- Confirm all clusters have updated and targeted all TOP 50 aggregate prescriber lists based on information provided at the RBG or Region level.
- Ensure coverage, pull-through and weekly monitoring at the Region/RBG level for VIP at all targeted type I, II and III hospital accounts.
- Business Manager must document in FV reports the use of updated Efficacy and GI Risk messages, HTN/edema/CV obstacle resolution and Top 50 Early adopter call frequency updates.

2. HEL Implementation Plan

2.1 Identify TOP 50 Early Adopters to target for a minimum of 1 HEL peer-to-peer contact during the next 3 months.

3. Advocate Development Plan-A&A Specialty Representatives

4.1 ASRs to select Top 25 Early Adopter physicians from Call deck (manager must approve Top 25) and make a minimum of two calls each month.
4.2 ASRs to certify top 5 "go to" speakers on new Percocet comparative data.
4.3 Target the top 5 "go to" speakers for certification on the new Narcotic Acute Pain Efficacy, OA Efficacy data, Safe in the Elderly data and Fewer Endoscopic Ulcer data by November 15, 2001.
4.4 Develop and target a minimum of 1 Cardiologist, 1 Nephrologist and 1 Gastroenterologist per A&A specialty district.
4.5 Update "go to" speaker lists with A & A managers who will communicate qualified speaker information to HEL region coordinators.
4.6 Communicate certification for shared physicians with HSA counterpart when necessary in alignment with respective

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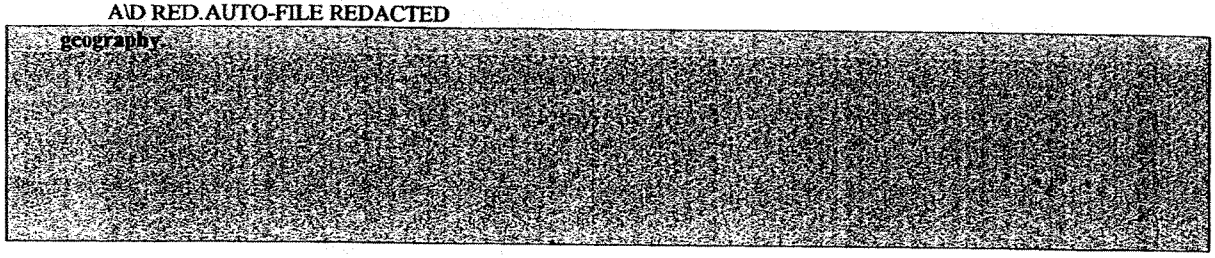

CV OBSTACLE RESPONSE

Step 1. VIOXX is not a substitute for Aspirin.

Step 2. VIOXX does not interfere with the anti-platelet effects of aspirin.

Step 3. Effect of concomitant administration

Step 4. Review VIOXX CV event rates from OA studies

Step 5. Assure that you have addressed obstacle and transition to Key Messages for VIOXX.

Doctor, First ,let me remind you that VIOXX is not a substitute for aspirin for cardiovascular prophylaxis. Also, at steady state VIOXX 50mg once daily had no effect on the anti-platelet activity of low-dose aspirin. I also want to remind you that concomitant administration of low-dose aspirin with VIOXX may result in an increased risk of GI ulceration or other complication compared with VIOXX alone. (Pf, V 41,Greenburg Reprint)

Let me review with you the CV profile for VIOXX from our OA trials. In those trials there were approximately 5700 patients on VIOXX, placebo or comparators. The studies lasted from 6 weeks to 86 weeks; average duration of treatment was 5.5months.

REVIEW ENTIRE CV CARD

* **CV Thromboembolic Adverse Events per 100 patient Years**
* **Specific CV Events**
* **Overall Mortality**
* **CV Mortality**

Doctor, I hope this data has addressed your concern. Let me show you some new efficacy data for VIOXX.

VIGOR RESPONSE

Doctor, I assume that you are referring to the VIOXX GI Outcomes Research study or VIGOR. This was an 8000-patient study designed to evaluate the GI safety of VIOXX. Because the study is not in the label, I cannot discuss the details with you. However, I would be happy to submit your question to our Medical Services department.

For background use only. This document not to be shown to or used in discussions with customers

Project Offense

Guide to Mid-2S 2001 meetings for VIOXX

Agenda

- Meeting objectives and expected outcomes
- Important Reminders
- Performance review
- FBG Market Overview
- New Data Presentation
- Powerful messaging for the 4th Quarter
- Potential obstacles
- Tactical planning and preparation
- VIP
- Summary and key takeaways

4th Quarter Objectives

- Stay on *OFFENSE*
  - Launch new efficacy data
  - Prepare for launch of new Coxib competitor
  - Build market share for VIOXX and clinical experience in the hospital
  - Prepare for Merck Coxib share drive in 2002
  - Verify rep understanding of their role in the VIP program

Mid-2S District Meeting: Desired Outcomes

- Validate rep understanding and use new narcotic comparative data
- Validate core message delivery and customer segmentation
- Ensure rep preparedness for excellence in obstacle handling

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Important Reminders

- Review the following bulletins
  - General Bulletin 01-054
  - General Bulletin 01-055
- Follow the directions in them

General Bulletin 01-054

- **Action Required**

- In order to help ensure that HEL speaker programs are conducted in accordance with Company policy and FDA regulations, you must do the following:

1. All speakers for a Merck program must sign a speaker agreement before speaking at a Merck promotional program.

2. You are to use only approved talk titles and the approved invitation process for HEL speaker programs.

3. The speaker's prepared remarks must remain within labeling for all Merck products discussed. This means that if you cannot discuss the topic with a physician or respond to questions about it – either because you have been instructed by headquarters not to do so or because you understand that it is outside the product labeling – you cannot ask a speaker to proactively discuss the topic.

4. You must offer labeling to all attendees for all Merck products discussed.

5. If a speaker's prepared remarks do not remain within labeling, you must:

    - Advise the speaker that his or her prepared comments must remain within labeling; and
    - Advise your HEL Regional Business Coordinator that the speaker's comments did not remain within labeling.

General Bulletin 01-055

Immediate Action Required.

1. **You may not discuss or respond to any questions about VIGOR, except as *specifically* set forth in this Bulletin.**

2. If a health care professional or customer asks the following unsolicited questions about VIGOR, you may respond **only** as set forth below. You must use the **entire** answer provided. You **may not add** information to the answer provided.

QUESTION: I just heard about your GI safety study. Can you tell me about it?

ANSWER: Doctor, I assume that you are referring to the VIOXX GI Outcomes Research study or VIGOR. This was an 8000-patient study designed to evaluate the GI safety of VIOXX. Because the study is not in the label, I cannot discuss the details with you. However, I would be happy to submit your question to our Medical Services department.

QUESTION: I heard you announced the results of your RA study. Can you tell me about it?

ANSWER: Doctor, I assume that you are referring to the VIOXX GI Outcomes Research study or VIGOR. This was an 8000-patient study designed to evaluate the GI safety of VIOXX. While the study was conducted in patients with RA, it was not designed to evaluate the efficacy of VIOXX in RA. VIOXX is not indicated for RA and because the study is not in the label, I cannot discuss the details with you. However, I would be happy to submit your question to our Medical Services department.

General Bulletin 01-055-*continued*

QUESTION: I heard that VIOXX has a higher rate of MI than naproxen. Why was that?

ANSWER: Doctor, I assume that you are referring to the VIOXX GI Outcomes Research study or VIGOR. This was an 8000-patient study designed to evaluate the GI safety of VIOXX. There was a difference in MI rates observed in this study. Because the study is not in the label, I cannot discuss the details with you. However, I would be happy to submit your question to our Medical Services department. I would also be happy to review with you the cardiovascular profile of VIOXX from our osteoarthritis studies involving approximately 6000 patients and lasting from 6 weeks to a maximum duration of 86 weeks.

3. If you are asked **any other** questions about VIGOR by a health care professional or a customer, **you may not answer the question**. You may respond to unsolicited questions only by offering to submit a PIR.

4. You may respond to questions about the Warning Letter **only** as set forth below.

QUESTION: I heard Merck got a Warning Letter for VIOXX. What was it for?

ANSWER: The Warning Letter is from FDA's Advertising Division and relates to VIOXX. We are responding to FDA. Merck continues to stand behind the overall and cardiovascular safety of VIOXX.

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BM to review local performance information for VIOXX

Include Coxib share, A&A share, PPO

11

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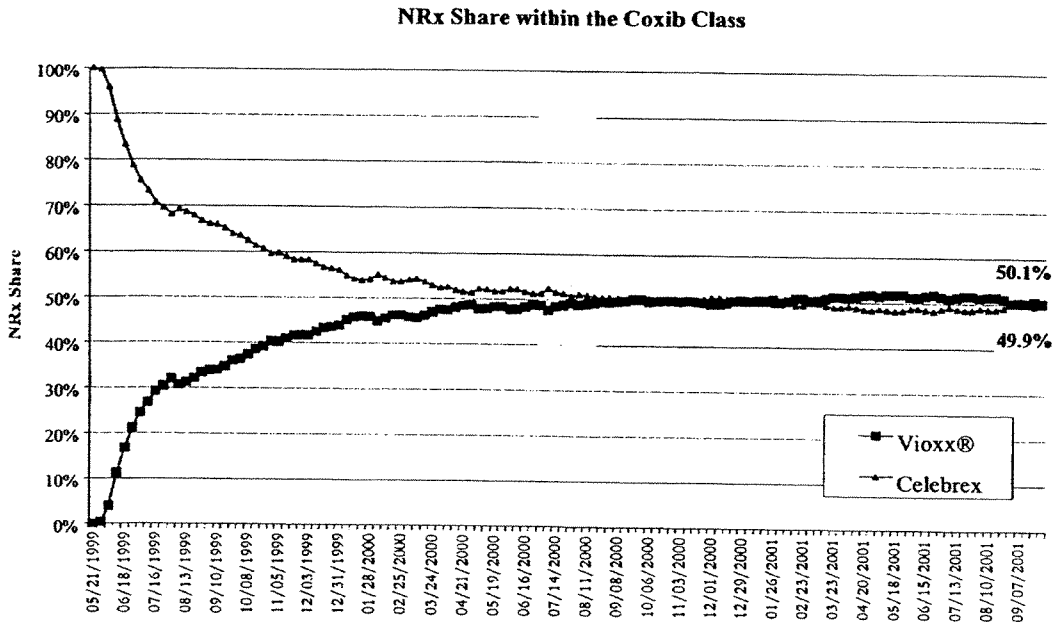
Marketing Objectives

- Strengthen the pain relief image of VIOXX through use of the *NEW* oxycodone/acetaminophen comparative data in patients with acute pain
- Prepare for launch of valdecoxib
- Successfully launch the VIP program

Coxib NRx Week Ending 9/28



Source: IMS NPA Plus 7

Strategic Objectives for VIOXX

Grow and defend share of VIOXX (*of Coxib class)* 90%

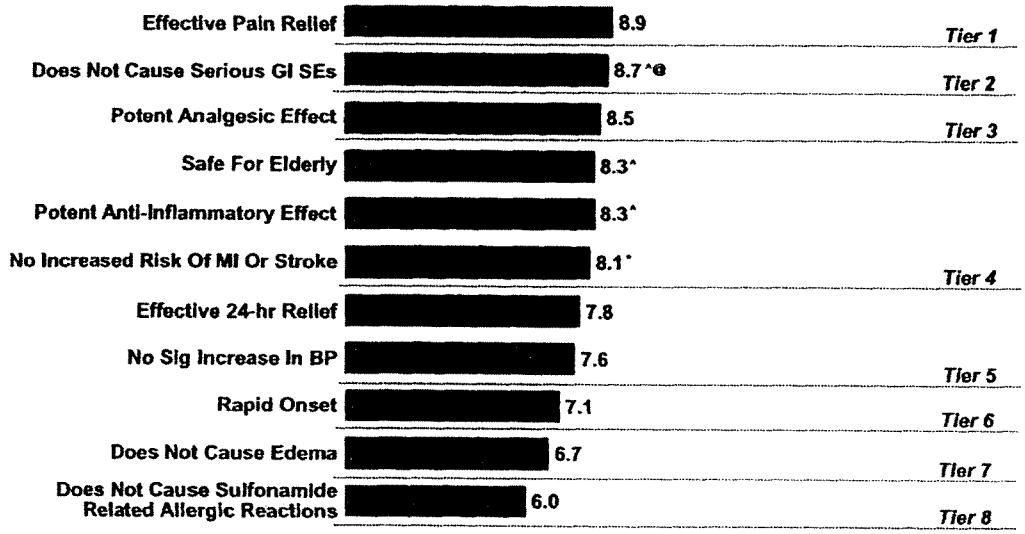
1. Continue to build efficacy image
2. Address CV and renal safety issues
3. Prepare for valdecoxib

Drive Coxib penetration into the A&A Class 10%

4. GI profile of NSAIDs

"Effective Pain Relief" Remains Top Attribute for Prescribing

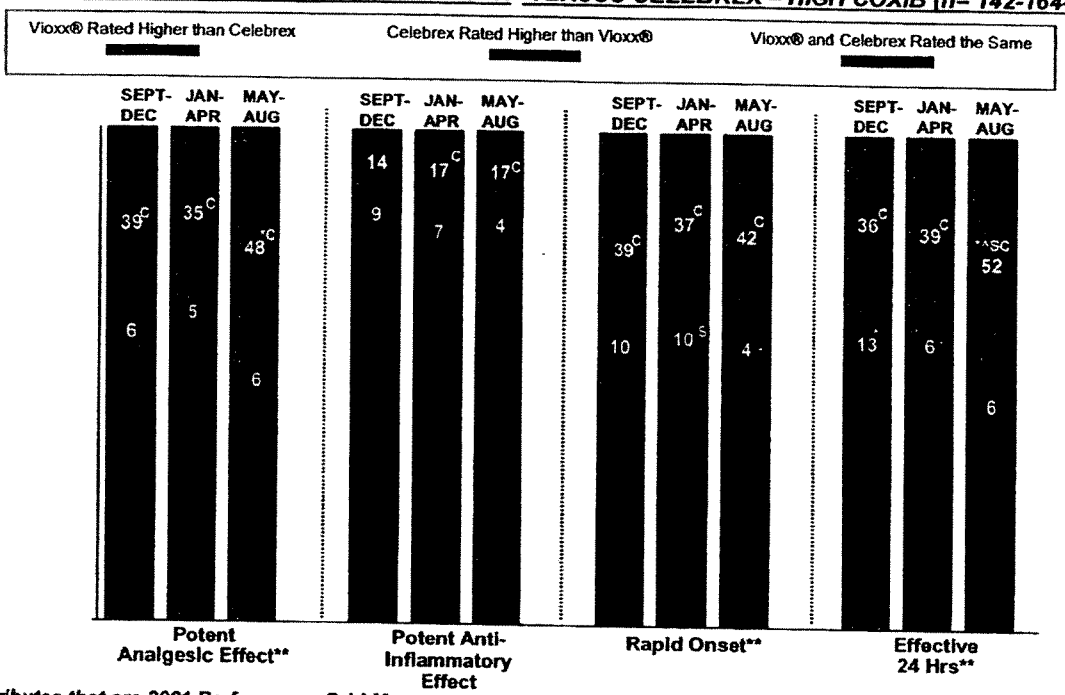
ATTRIBUTE IMPORTANCE FOR TREATMENT OF PAIN- GENERAL TOTAL RESPONDENTS (n=375)



Mean Rating Among Total Respondents
"How important is (statement) when used to describe drugs that treat pain +/or inflammation?"
1=Not At All Important / 10=Extremely Important
* Statistically significant difference at the 95% confidence level to Chronic, ^ to Acute and @ to Recurrent
Source: VSTAAT– April-July, 2001- Zlment 2001

Market Research- Background Information. Not for use in discussions with physicians. 16

EFFICACY ATTRIBUTE COMPARISON – VIOXX® VERSUS CELEBREX – HIGH COXIB (n= 142-164-176)



Attributes that are 2001 Performance Grid Measures

% High Coxib Users Aware Of Vioxx®/Celebrex

"How well does (statement) describe brand?" 1=Does Not Describe At All and 10=Describes Very Well

* Statistically significant difference at the 95% confidence level to prior four month period.

^Statistically significant difference at the 95% confidence level between Sept-Dec and May-Aug.

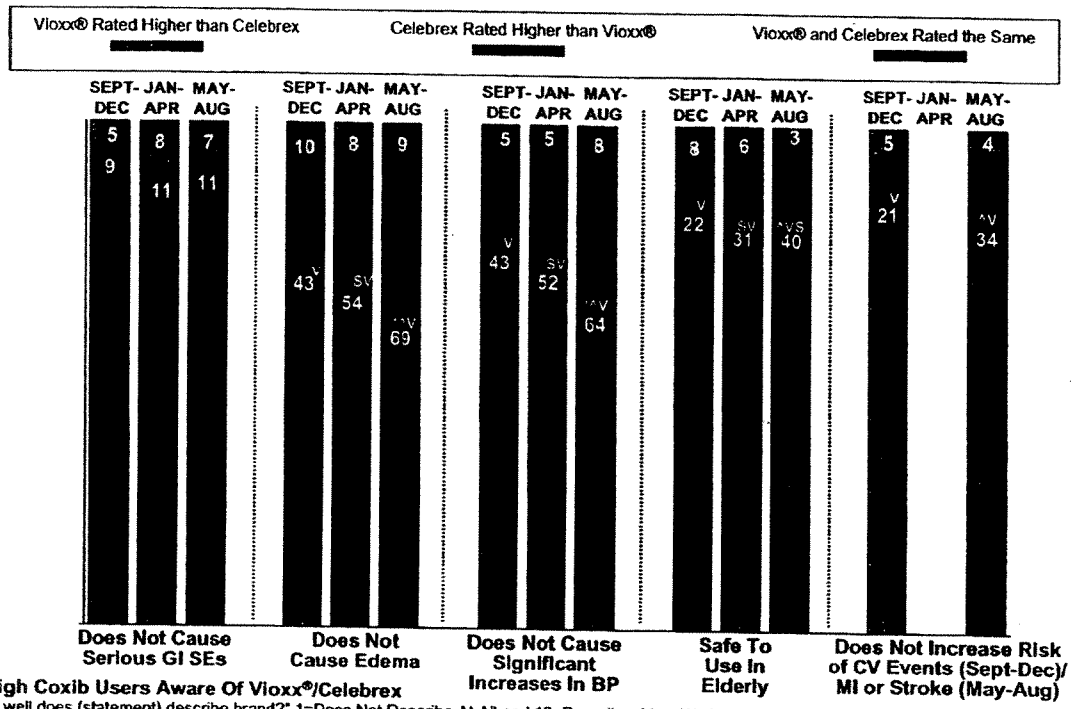
S Statistically significant difference at the 95% confidence level to High NSAID.

C Statistically significant difference at the 95% confidence level to Celebrex rated higher than Vioxx®.

Source: VSTAAT (September, 2000 - August, 2001), Ziment 2001

Market Research- Background Information. Not for use in discussions with physicians.

SAFETY ATTRIBUTE COMPARISON – VIOXX® VERSUS CELEBREX –HIGH COXIB (n=142-164-176)



% High Coxib Users Aware Of Vioxx®/Celebrex

"How well does (statement) describe brand?" 1=Does Not Describe At All and 10=Describes Very Well

NOTE: The statement "Does Not Increase the Risk of CV Events" was replaced with "Does Not Increase the Risk of MI or Stroke" in April, 2001 and therefore no complete data can be provided for either statement for January-April, 2001.

* Statistically significant difference at the 95% confidence level to prior four month period.

^Statistically significant difference at the 95% confidence level between Sept-Dec and May-Aug.

S Statistically significant difference at the 95% confidence level to High NSAID.

V Statistically significant difference at the 95% confidence level to Vioxx® rated higher than Celebrex.

Source: VSTAAT (September, 2000 - August, 2001), Ziment 2001

Market Research- Background Information. Not for use in discussions with physicians.

New competition

- Parecoxib: not approvable letter issued by FDA (07/13/2001)
- Valdecoxib-Pharmacia announced filing in March of 2001.
  - Potential approval as early as 11/01/01

Anticipated valdecoxib product profile

Anticipated approval

- November 1, 2001-January 1, 2002

Anticipated indications at launch

- Acute Pain, OA, RA, Primary Dysmenorrhea

Anticipated marketing strategy for valdecoxib

- To position valdecoxib as a 2nd generation Coxib for moderate to severe pain with superior efficacy and safety compared to VIOXX

For Background Use Only-- DO NOT USE in discussions with physicians or customers

Preparation for launch: Power Against Pain for appropriate patients with OA or Acute Pain

Focus on:

1) Oxycodone/acetaminophen studies in acute pain
2) Codeine/acetaminophen studies in acute pain
3) One year diclofenac studies in OA

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- New competition: valdecoxib
- Potential obstacles
- Tactical planning and preparation
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Objectives in launch of oxycodone/acetaminophen data

- Discuss rationale for promotion of oxycodone/acetaminophen data
- Discuss study design,objectives and data
- Discuss promotional messages

Rationale for promotion of oxycodone/acetaminophen data

- The Launch of the oxycodone/acetaminophen 5/325mg comparative data represents a significant opportunity to focus on the efficacy of VIOXX
- Available market research data continues to suggest that the number one reason physicians prescribe NSAIDS is efficacy

Two randomized, placebo- and active-comparator-controlled, double-blind trials.

Patients were healthy men and women who experienced moderate-to-severe pain from surgery following the extraction of two or more third molars

- at least one had to be a mandibular impaction and partially embedded

Patients were randomized to receive:

- rofecoxib 50 mg (N=90)
- oxycodone 5 mg with acetaminophen 325 mg (N=91)
- placebo (N=31)

Patients were permitted to use supplemental analgesics but were encouraged not to do so during the first 90 minutes of the study.

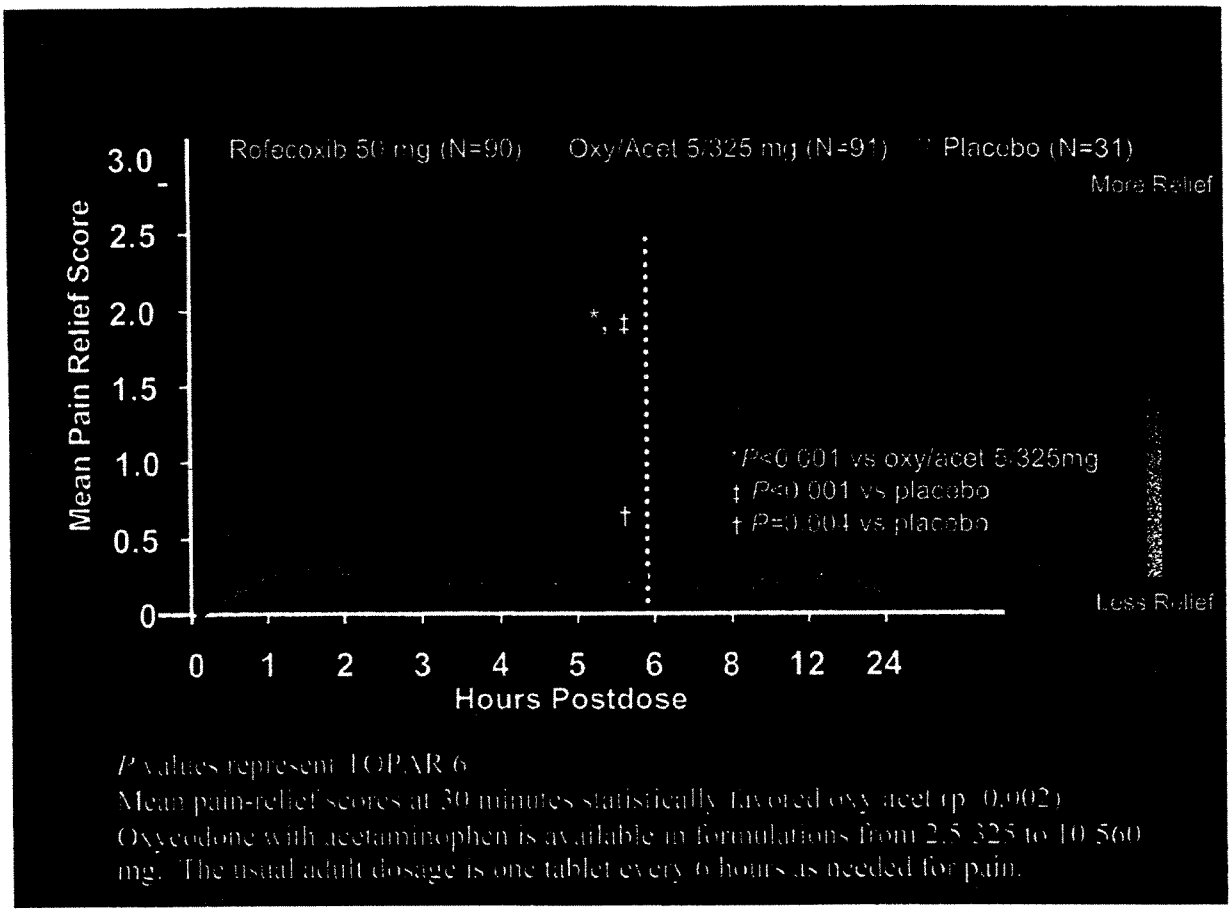
Primary Objectives

Analgesic effect of a single oral dose of rofecoxib 50 mg compared with oxycodone 5 mg plus acetaminophen 325 mg

Measures of Analgesic Effect Included:

- Total Pain Relief over 6 hours (TOPAR6)
- Total Pain Relief over 4 hours (TOPAR4)
- Patient Global Assessment of Response to Therapy
- Pain Relief
- Percentage of Patients Taking Rescue Medication

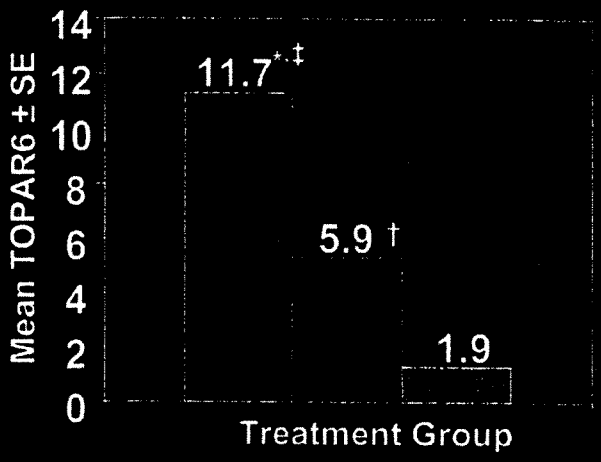
Results of a single study are shown; results of the second study are consistent.



P values represent TOPAR 6

Mean pain-relief scores at 30 minutes statistically favored oxy/acet ($p < 0.002$)

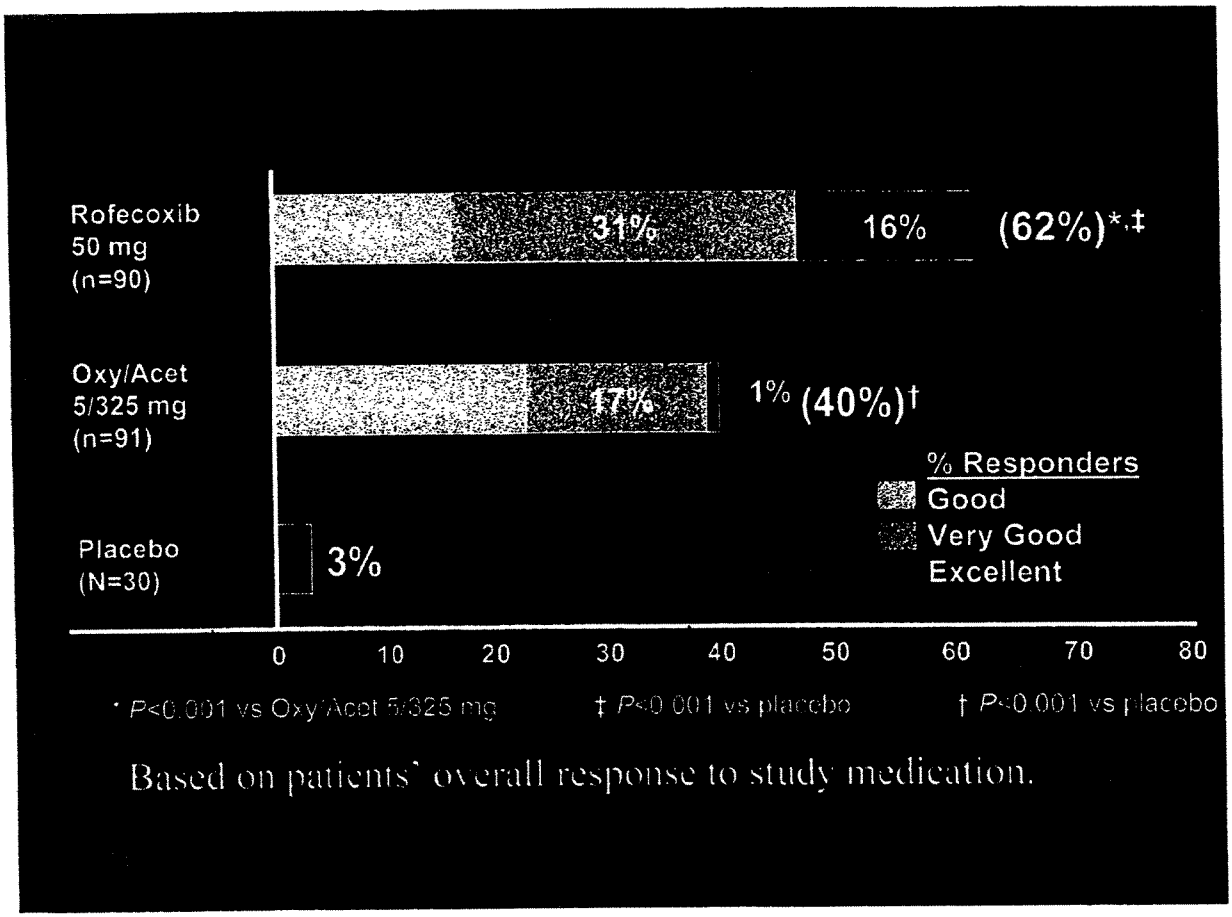
Oxycodone with acetaminophen is available in formulations from 2.5/325 to 10/560 mg. The usual adult dosage is one tablet every 6 hours as needed for pain.

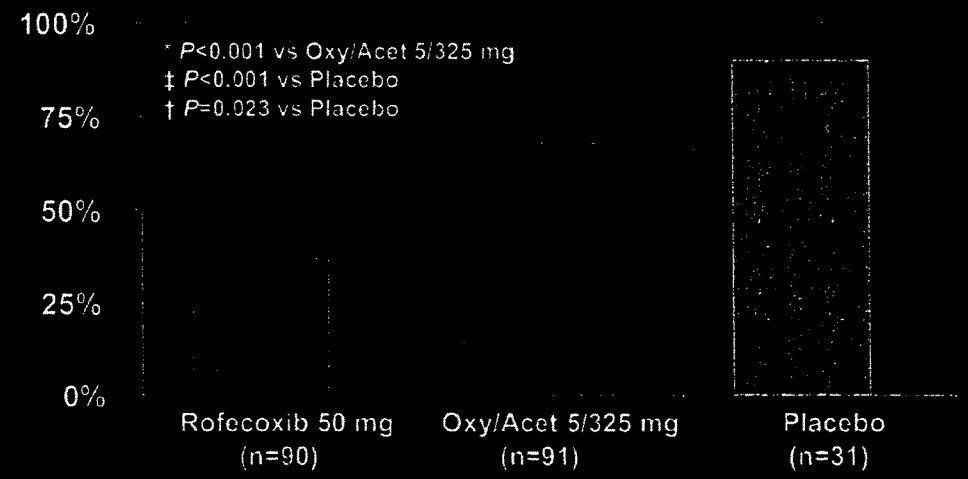


Rofecoxib 50 mg provided superior pain relief compared with oxycodone acetaminophen 5/325 mg at TOPAR6 *, and at TOPAR4 (P< 0.001) with total pain-relief scores of 7.1 and 3.9, respectively (placebo 1.2).

Rofecoxib 50 mg provided significantly better peak pain relief as compared with oxycodone acetaminophen 5/325 mg

mean scores, 2 of 3 * 0.01 (P< 0.001) on a 5-point Scale of 0–4


Rofecoxib
50 mg
(n=90)
31%
16%
(62%)*,‡
Oxy/Acet
5/325 mg
(n=91)
17%
1% (40%)†
Placebo
(N=30)
3%
% Responders
Good
Very Good
Excellent
0
10
20
30
40
50
60
70
80
* P<0.001 vs Oxy/Acet 5/325 mg
‡ P<0.001 vs placebo
† P<0.001 vs placebo
Based on patients' overall response to study medication.



Fewer patients on rofecoxib needed narcotic rescue analgesia (Hydrocodone acetaminophen 5/500 mg)

Over 24 hours, significantly fewer patients on rofecoxib used rescue medication compared with those on placebo (72% vs 97%, respectively [p=0.019]).

Rofecoxib: Clinical Adverse Experiences

Adverse Event	Oxycodone/Acetaminophen 5/325 mg (N=91) %	Placebo (N=31) %
Dizziness	16.5	12.9
Nausea	38.5	32.3
Dry Socket	5.5	6.5
Vomiting	23.1	9.7
Headache	14.3	12.9

Common adverse events in OA studies of 6 weeks to 6 months duration included upper respiratory infection (8.5%), diarrhea (6.5%), nausea (5.2%), and hypertension (3.5%).

Rofecoxib 50 mg was superior to Oxycodone/Acetaminophen 5/325 mg

- TOPAR6 & TOPAR4
- Patient Global Assessment at six hours
- Peak pain relief
- Percentage of patients requiring rescue medication

Oxycodone/acetaminophen summary

- Leveragaing the Oxycodone/acetaminophen data represents a significant opportunity to continue the focus on the efficacy of VIOXX
- Market research data suggest that if physicians did not accept the codeine/acetaminophen comparison, they are less likely to accept the superiority to Oxycodone/acetaminophen 5/325mg

Promotional messages & results:

- Superior Pain Relief over 6 hours with VIOXX 50mg vs oxycodone/acetaminophen 5/325mg
- More Patients rated VIOXX "Good to Excellent" for Pain Relief (62% vs 40%)
- Fewer Patients on VIOXX Needed Narcotic Rescue Analgesia

- Remember to provide appropriate balancing information as part of all product discussions.

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Core messages for VIOXX

In two new acute pain studies, VIOXX 50mg QD provided SUPERIOR PAIN RELIEF versus oxycodone (5mg) with acetaminophen (325mg), and more patients rated VIOXX "Good to Excellent" for pain relief

[redacted]

VIOXX offers ONCE-DAILY power for pain efficacy in chronic osteoarthritis that:

- lasts all day, all night, and into the next morning
- has been demonstrated in studies lasting one year

Safety profile of VIOXX demonstrated in patients 80 years or older

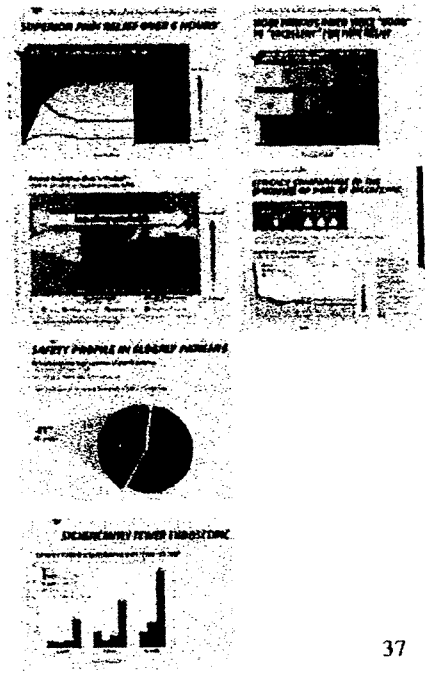
VIOXX demonstrated significantly fewer endoscopic ulcers than ibuprofen, and was consistent across all studies

- The correlation between endoscopic findings and the relative incidence of serious GI events has not been established
- Serious clinically significant upper GI bleeding has been observed in patients taking VIOXX, albeit infrequently

Remember to provide appropriate balancing information as part of all product discussions

Q4 Core Promotional Messages

- VIOXX v Oxycodone/Acet
  - Transition Statement
- OA Efficacy
- Elderly Safety Data
- Fewer Endoscopic Ulcers



37

Message Emphasis

Each Prescribing Segment will have emphasis placed on a different core message-flow does NOT change

Hi Coxib	Hi Celebrex	Hi NSAID
Narcotic Efficacy	Narcotic Efficacy	Narcotic Efficacy
OA Efficacy	OA Efficacy	OA Efficacy
Elderly Safety Data	**Elderly Safety Data**	Elderly Safety Data
GI Message	GI Message	**GI Message**

Remember to provide appropriate balancing information as part of all product discussions

The 5 Minute Road Map
Take 5 minutes to see what's new

Message: VIOXX 50mg provided superior pain relief over 6 hours as compared to oxycodone/acetaminophen 5/325mg. *

"Doctor, I recently showed you data where in two clinical trials VIOXX was shown to be superior to the maximum single dose of codeine (60mg) with acetaminophen (600mg). I would now like to share with you data from two identical single-dose dental-pain studies where VIOXX 50mg was compared to oxycodone 5mg with acetaminophen 325mg."

Deliver the **message** and show your physicians the graph. In these studies of acute pain VIOXX was clearly superior over six hours (TOPAR 6 endpoint) and as noted in the third bullet VIOXX was also superior over 4 hours (TOPAR 4 endpoint). Notice the pain relief VIOXX delivered even at 24 hours vs. placebo.

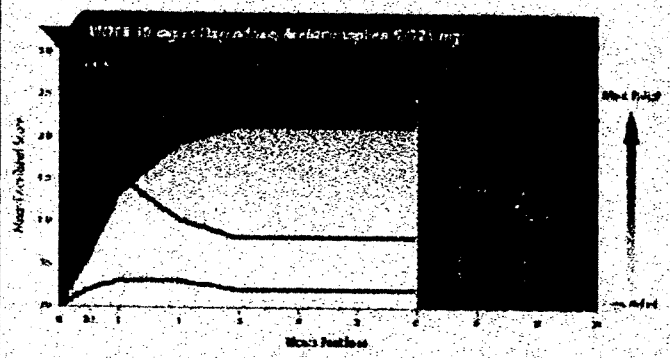
Note: Oxycodone with acetaminophen is available in formulations from 2.5/325mg to 10/650mg and is dosed every six hours as needed for pain.

***This message is important to further establishing the efficacy image of VIOXX in acute pain in preparation for the launch of another competitor in 2002.**

Remember to provide appropriate balancing information as part of all product discussions.

In two single-dose studies of postoperative dental pain in adults

SUPERIOR PAIN RELIEF OVER 6 HOURS*



- Patients were permitted to use supplemental analgesics but were encouraged not to do so in the first 90 minutes of the study
- Mean pain relief scores at 30 minutes statistically favored oxycodone/acetaminophen ($p<0.002$)
- VIOXX 50 mg provided superior pain relief compared with oxycodone/acetaminophen 5/325 mg at TOPAR6 ($p<0.001$), with mean total pain relief scores of 11.7 and 9.9, respectively (placebo score 1.9), and at TOPAR4 ($p<0.01$), with mean total pain relief scores of 7.2 and 6.0, respectively (placebo score 1.2)

Recommended dosing

- For analgesia, VIOXX 50 mg is dosed once daily as needed
  - the management of acute pain beyond 5 days has not been studied; more pain studies were designed to last up to 5 days
- Oxycodone with acetaminophen is available in formulations from 2.5/325 mg to 10/650 mg. The usual adult dosage is one tablet every 6 hours as needed for pain

Message: More patients rated VIOXX "Good" to "Excellent" for pain Relief.

At six hours when patients were asked to rate their pain relief, 62% rated VIOXX good to excellent as compared to 40% for oxycodone 5mg/acetaminophen 325mg and 3% for placebo.

Note: Patient Global Assessment of response to therapy at 6 hours can be described as either PGART or GLOBAL 6.

"Doctor, do you think it would be meaningful for more of your patients to rate their own pain relief good to excellent"?

Remember to provide appropriate balancing information as part of all product discussions.

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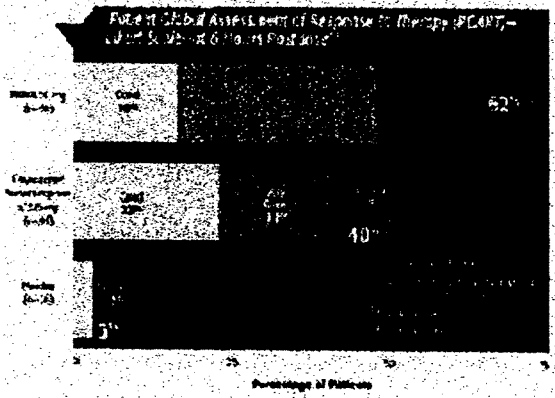
MORE PATIENTS RATED VIOXX "GOOD" TO "EXCELLENT" FOR PAIN RELIEF



- Patient global assessment of response to therapy is based on patient's overall response to study medication
- VIOXX is indicated for the management of acute pain in adults (see CLINICAL STUDIES)
- VIOXX is contraindicated in patients with known hypersensitivity to rofecoxib or any other component of VIOXX
- VIOXX should not be given to patients who have experienced asthma, urticaria, or allergic-type reactions after taking aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs). Severe, sometimes fatal anaphylactic-like reactions to NSAIDs have been reported in such patients.

Message: Over six hours significantly fewer patients on VIOXX used rescue medication vs. oxycodone 5mg with acetaminophen 325mg.

The left-hand page shows the percentage of patients taking rescue medication within the six-hour study period. Over 24 hours, significantly fewer patients on VIOXX used rescue medication vs. placebo

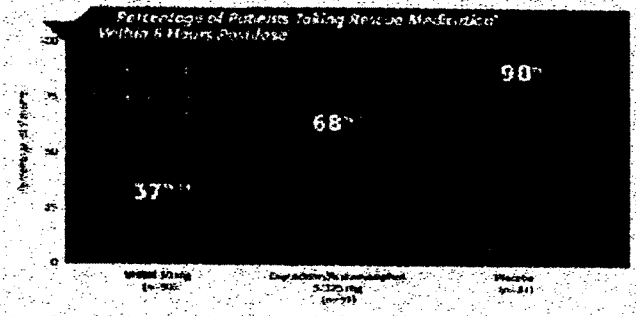
The bullets are excellent selling points to round out the acute pain efficacy story. VIOXX provided superior pain relief to oxycodone 5mg with acetaminophen 325mg but:

- ✓VIOXX is not a narcotic
- ✓VIOXX is not a controlled substance
- ✓VIOXX is dosed once daily in acute pain in adults

Remember to provide appropriate balancing information as part of all product discussions

In two single-dose studies of postoperative dental pain in adults

USE OF RESCUE MEDICATION OVER 6 HOURS



- Over 6 hours, significantly fewer patients on VIOXX 50 mg used rescue medication compared with those on oxycodone/acetaminophen 5/325 mg (37% vs 68%, respectively [P<0.001])
- Over 24 hours, significantly fewer patients on VIOXX used rescue medication compared with those on placebo (72% vs 97%, respectively [P=0.019])

Unlike oxycodone 5 mg with acetaminophen 325 mg

- ✓ VIOXX is not a narcotic
- ✓ VIOXX is not a controlled substance
- ✓ VIOXX is dosed once daily in acute pain in adults

Selected safety information

- There are no studies of VIOXX in pregnant women. VIOXX should be used during pregnancy only if the potential benefit justifies the potential risk. As with other NSAIDs, VIOXX should be avoided in late pregnancy as it may cause premature closure of the ductus arteriosus.
- Safety and effectiveness in pediatric patients below the age of 18 years have not been evaluated.
- Drug-interaction studies with VIOXX have identified potentially significant interactions with rifampin, methotrexate, and warfarin.

Message: Excellent Tolerability Profile.

The right-hand page gives you the opportunity to show the tolerability of VIOXX in the two studies. Remember to provide appropriate balancing information as part of all product discussions.

Remember to provide appropriate balancing information as part of all product discussions

In two single-dose studies of postoperative dental pain in adults[1]

EXCELLENT TOLERABILITY PROFILE

Clinical Adverse Experiences

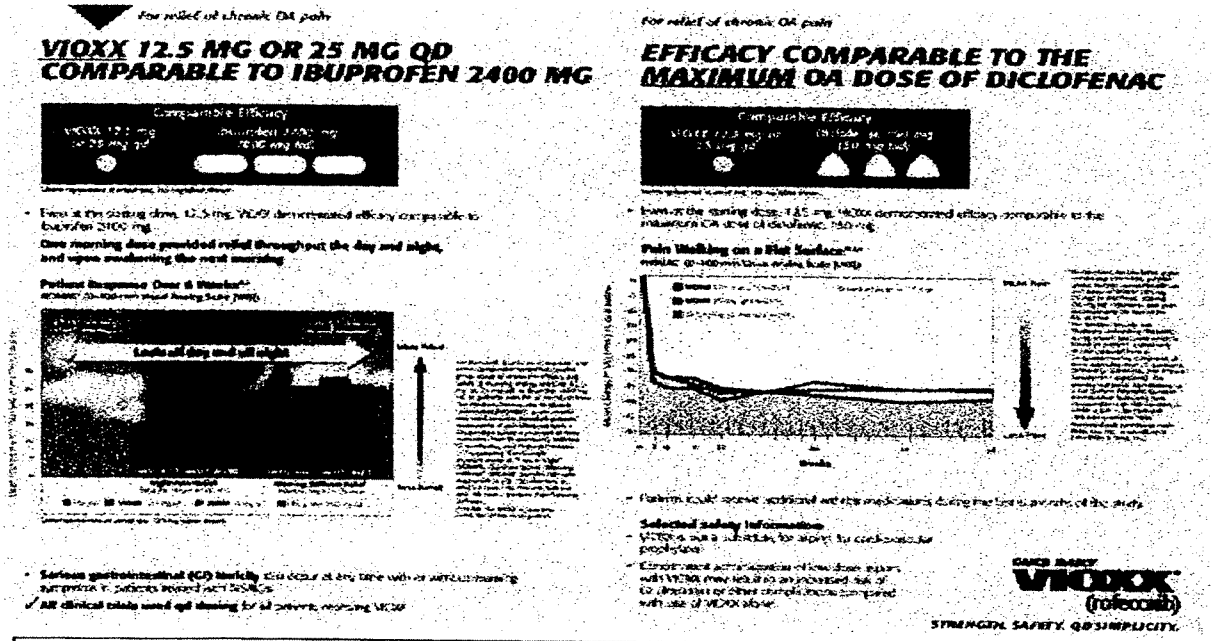
Number (%) of Patients With Specific Clinical Adverse Experiences (Incidence ≥10.0% in One or More Active Treatment Groups)

Adverse Event	VIOXX 50 mg (n=90) %	Oxycodone/ Acetaminophen 5/325 mg (n=91) %	Placebo (n=31) %
Dizziness	6.7	16.5	12.9
Nausea	17.8	38.5	32.3
Dry socket	11.1	5.5	6.5
Vomiting	6.7	23.1	9.7
Headache	16.7	14.3	12.9

Selected safety information

- Common adverse events in osteoarthritis (OA) studies included upper respiratory infection (8.5%), diarrhea (6.5%), nausea (5.2%), and hypertension (3.5%).
- In other analgesia studies, the adverse-event profile of VIOXX 50 mg qd was generally similar to the adverse-event profile reported in the OA studies.

Before prescribing VIOXX, please read the complete Prescribing Information.



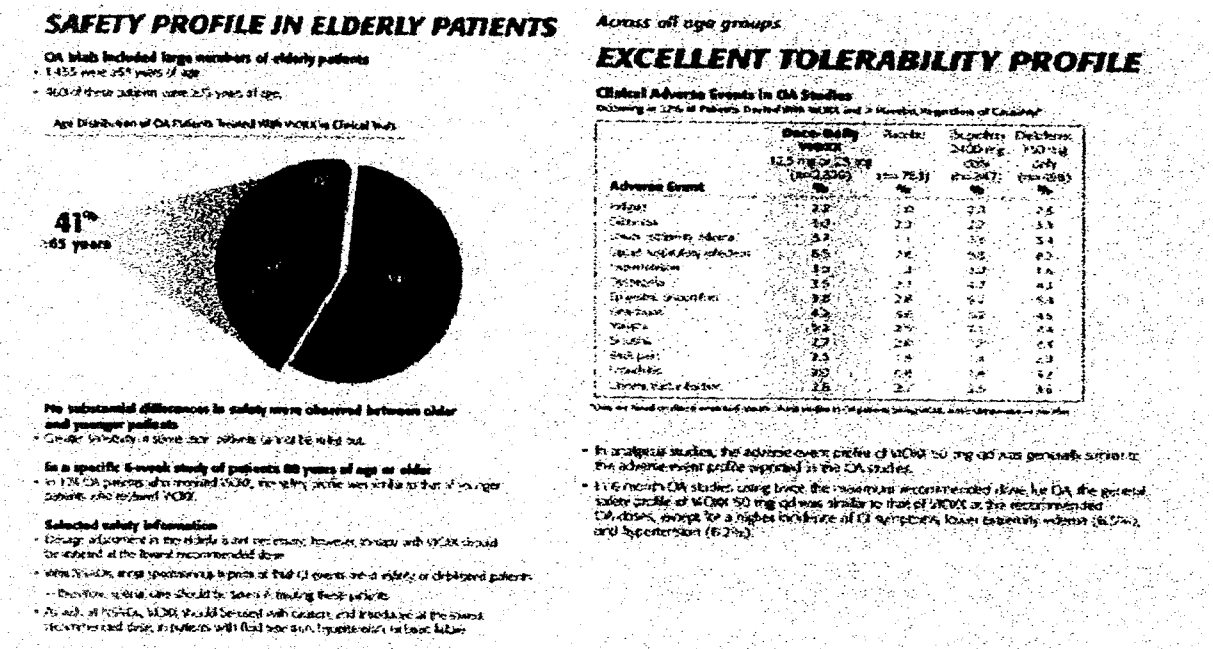
Message: VIOXX 12.5mg or 25mg QD comparable to ibuprofen 2400mg.

The left-hand page gives you the opportunity to highlight the effectiveness of VIOXX vs. ibuprofen.
- VIOXX offers once daily power that last all day, all night and into the next morning.
- Even at the starting dose, 12.5mg, VIOXX demonstrated efficacy comparable to ibuprofen 2400mg.

Message: Efficacy comparable to the maximum OA dose of diclofenac.

The right-hand page gives you comparable efficacy data for your doctors that prescribe diclofenac.
- Even at the starting dose, 12.5mg, VIOXX demonstrated efficacy comparable to the maximum OA dose of diclofenac 150mg.

Remember to provide appropriate balancing information as part of all product discussions.



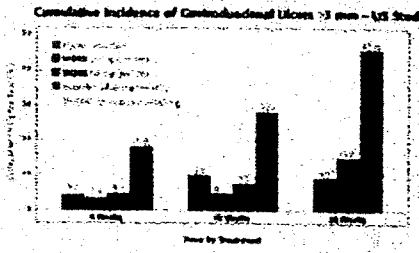
Message: (Right-hand page) VIOXX OA trials included large numbers of elderly patients.
The left-hand page lets you show graphically that 41% of patients in the OA clinical trials for VIOXX were age 65 or greater. Also note the reference to the octogenarian study.

Remember to point out the bullet under Selected Safety Information.
•Dosage adjustment in the elderly is not necessary; however therapy with VIOXX should be initiated at the lowest recommended dose.

Message: Excellent Tolerability Profile

The right-hand page is where you show how AE's of VIOXX compare to ibuprofen 2400mg, diclofenac 150mg and placebo in 2,829 OA patients. 44
Remember to provide appropriate balancing information as part of all product discussions.

SIGNIFICANTLY FEWER ENDOSCOPIC ULCERS WITH VIOXX THAN WITH IBUPROFEN



Endoscopic Gastroduodenal Ulcers at 12 Weeks – US Study

Treatment Group	Number of Patients with Ulcer/ Total Number of Patients	Cumulative Incidence Rate*	Ratio of Rates vs. Placebo	95% CI on Ratio of Rates
Placebo	11/150	9.9%	-	-
VIOXX 25 mg	7/386	4.1%	0.41	(0.16, 1.03)
VIOXX 50 mg	12/386	7.3%	0.74	(0.33, 1.64)
Ibuprofen	42/387	27.2%	2.76	(1.43, 5.30)

- Incidence rates of ulcers in groups receiving VIOXX did not increase over time – no significant difference between the first 12 weeks and the second 12 weeks of the studies.
- Mean age of patients 62 years.

Important considerations for endoscopy studies

- The correlation between endoscopic findings and the relative incidence of clinically serious upper GI events that may be observed with different products has not been fully established.
- Serious clinically significant upper GI bleeding has been observed in patients receiving VIOXX in controlled clinical trials, albeit infrequently.
- These studies should not be cited as providing evidence in the use of endoscopic gastroduodenal ulcers when comparing VIOXX with placebo.
- Prospective long-term studies required to compare the relative safety & clinically significant upper GI adverse events in patients taking VIOXX vs. other NSAID products have not been performed.

Selected safety information

- Patients receiving aspirin were not included in these studies.
- NSAIDs should be prescribed with extreme caution in patients with a prior history of ulcer disease or GI bleeding. Studies have shown that patients with a prior history of peptic ulcer disease and/or GI bleeding and who use NSAIDs have a greater than tenfold higher risk for developing a GI bleed than patients with neither of these risk factors.

4 out of 5 patients who develop a serious upper GI adverse event on NSAIDs are asymptomatic immediately prior to the event

Message: Significantly fewer endoscopic ulcers with VIOXX than with ibuprofen.

These two pages show the results of endoscopic trial vs. ibuprofen. Patients on VIOXX had significantly fewer ulcers at weeks 12 and 24. The bullets on the right-hand page provide additional strong messages for your customers.

•Incidence rates of ulcers in groups receiving VIOXX did not increase over time – no significant differences between first and second 12 weeks of the studies.
•Mean age of patients 62 years.

45

Remember to provide appropriate balancing information as part of all product discussions.

Message: Power Against Pain

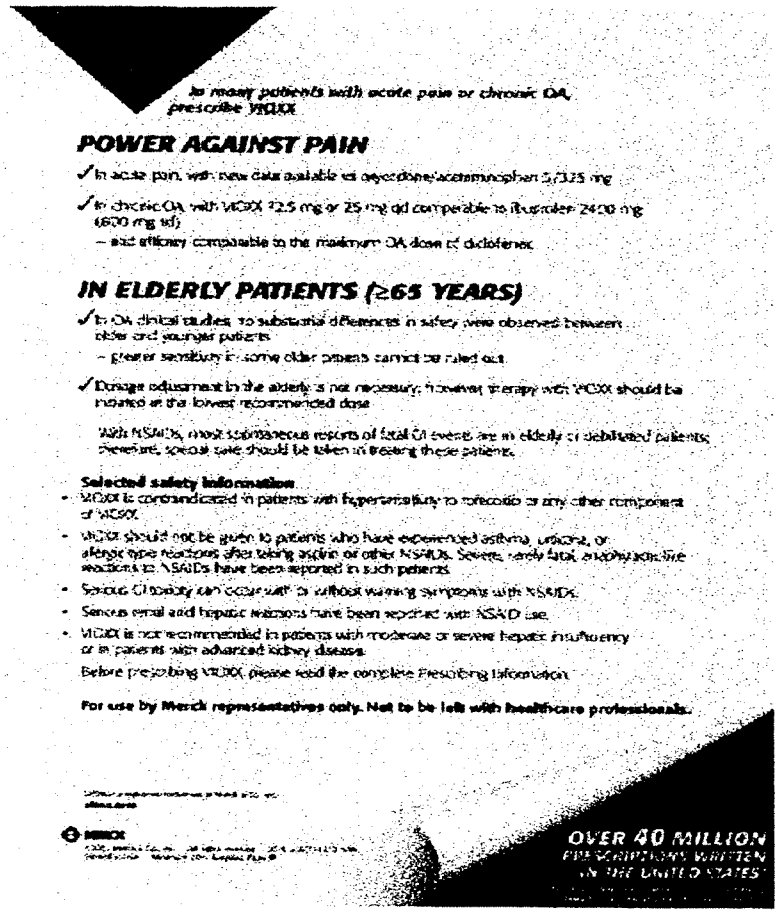
Use this back page in the context of a balanced product discussion to re-focus your customer on the **POWER AGAINST PAIN** that VIOXX provides for their appropriate acute pain and OA patients.

You may also use this section to remind physicians that VIOXX was studied in elderly OA patients.

- ✓No substantial differences in safety were observed between older and younger patients- greater sensitivity in some older patients cannot be ruled out.
- ✓Dosage adjustment in the elderly is not necessary; however, therapy with VIOXX should be initiated at the lowest recommended dose.

One last point to make to your physician is over 40 million prescriptions have been written for VIOXX. Remember to provide appropriate balancing information as part of all product discussions.

Good Luck Selling



Role-Play Activity

- District should break into small groups (2-4)
- Each group is to deliver:
  - A balanced one minute sales discussion using at least one visual reference
  - A balanced full product discussion utilizing 4Q Detail Aid
- Select 3 physicians from current call decks representing the following profiles
  - Hi COXIB
  - Hi celebrex
  - Hi NSAID
- At the end of the allotted time the team should present both sales calls to the group for discussion
- **Certification requires that all 4 messages are delivered**

Agenda

- Meeting objectives and expected outcomes
- Important Reminders
- Performance review
- FBG Market Overview
- New Data Presentation
- Powerful messaging for the 4th Quarter
- Potential obstacles
- Tactical planning and preparation
- VIP
- Summary and key takeaways

Obstacle Workshop Agenda

- Review obstacle handling guide for oxycodone/acetaminophen 5/325mg data
  - Practice and deliver focused messages
- Review obstacle handling guide for cardiovascular events
  - Practice and deliver focused CV obstacle response
- Review obstacle handling guide for hypertension/edema
  - Practice and deliver focused HTN/edema obstacle response
- Practice transition back to Core Messages for VIOXX
- Certify representatives on obstacle handling readiness
- Optional: review of MOBIC product information and obstacle responses

Materials Required

- Bulletin COX 01-032
- Bulletin COX 01-045
- Bulletin COX 01-052
- Bulletin COX 01-053
- Promotional Assortment
  - 4Q Visual Aid
  - New obstacle handler and roadmap (COX 01-056)
  - CV Card and Bulletin COX 01-063
  - Product Inserts for VIOXX and Celebrex
- Bulletin COX 00-026 (Optional review for MOBIC)

Obstacles specific to oxydodone data

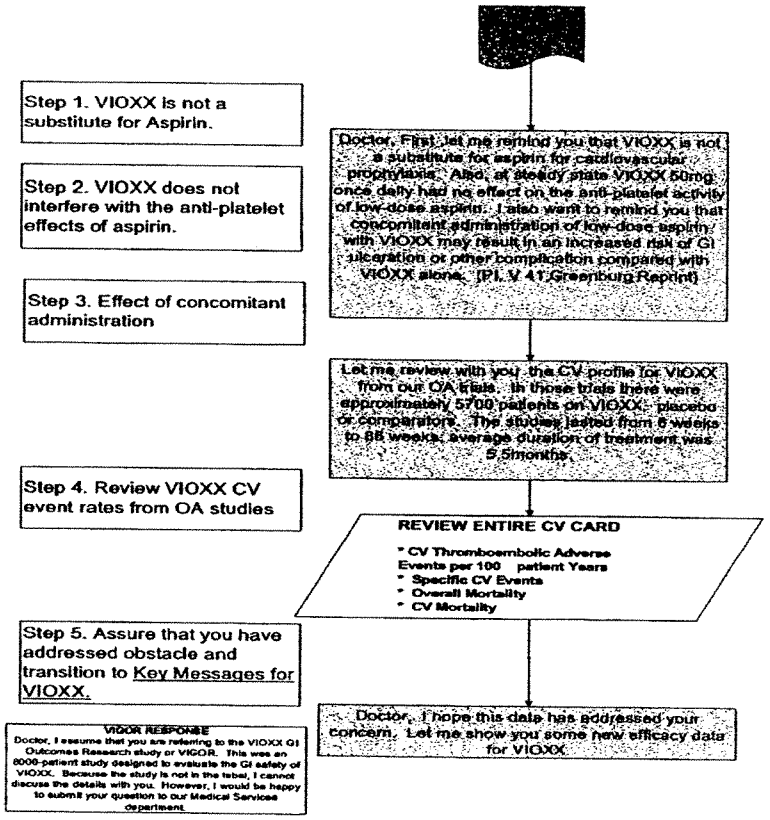
Why was 5mg of oxycodone with 325mg of acetaminophen chosen as the comparator dosage?

According to prescription data Oxycodone 5mg/acetaminophen 325mg is the most commonly prescribed strength of this product.

Why was TOPAR 6 chosen as the end-point for the VIOXX vs. Oxycodone 5mg/acetaminophen 325mg study?

According to the PI the usual adult dosage for Oxycodone 5mg/acetaminophen 325mg is one tablet every six hours as needed for pain. The aim of this trial was to look at the total pain relief afforded by each product over the six-hour period. A secondary end-point was to compare the total pain relief provided by each product over a four-hour period (TOPAR 4 end-point). VIOXX was also statistically superior to oxycodone 5mg/acetaminophen 325mg and placebo over the four hour period (TOPAR 4).

CV OBSTACLE RESPONSE



52

For background use only. This document not to be shown to or used in discussions with customers

HYPERTENSION OBSTACLE RESPONSE

[redacted]

Step 1. Effect Reported with all NSAIDs

Clarify: Doctor, As you know hypertension is a mechanism based and dose dependent effect of all NSAID's. Both COX-1 and COX-2 are involved in the regulation of renal function (Obstacle Handler Card). Let me focus on a product you know very well. You've prescribed ibuprofen for years. Is your concern that increases in blood pressure with VIOXX are somehow different than what you've experienced with ibuprofen?

Step 2. Focus on Ibuprofen

Step 3. Discontinuation Rate

Doctor, let me share with you data from our studies, as reflected in our FDA approved PI. Utilize (PI *V20) to show comparison of incidence of hypertension with the recommended OA dose for VIOXX of 12.5mg and 25mg and ibuprofen 2400mg. Utilize (PI *V30) to show that a hypertensive patient should be started on VIOXX 12.5mg and that the discontinuation rate for Hypertension (Obstacle Handler Card) is 1 in 1000 or <0.1% patients.

[redacted]

Step 4. 12.5mg Starting Dose

[redacted]

Reinforce OA Efficacy (Utilize PI *V16 or Sales Aid) Doctor, in clinical trials VIOXX 12.5mg has been demonstrated as comparable to ibuprofen 2400mg, the same dose of ibuprofen that we just discussed. Doctor, Wouldn't you consider that an effective dose of an NSAID?

* As needed, address edema obstacle according to the same flow, focusing first on incidence as compared to ibuprofen in PI and then discontinuation rates in Renal Card and then return to efficacy.

[redacted]

[redacted]

[redacted]

Representative Certification

- Each Representative should formalize a 30 second discussion to clearly and quickly address the following obstacles:
  - CV
  - HTN
    - Optional: MOBIC response
- If representative does not include a transition back to the Core Messages for VIOXX they should not be considered certified

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Cluster Level Tactical Plan Overview

- Utilize Top 50 volume target list and Early Adopter/Hi COXIB target list to formalize a cluster level tactical plan that assigns point responsibility
- Earlier Top 50 volume list and new early adopter list should have significant overlap
- Early adopters are the most likely the first physicians to try a new product (based on data with celebrex, VIOXX and lipitor)

Tactical Planning-Contacts/HEL

- Upon completion of training with new oxycodone/acetaminophen data clusters should target a minimum of 6 contacts in the first two weeks with top 50 physicians
- Following the first two weeks of promotion a minimum of 6-8 contacts/month must be maintained
- Each new top 50 physician should participate in 1 HEL program during the first 3 months of promotion of the oxycodone/acetaminophen data

Review revised cluster level tactical plans

- Discuss tactics that will be used to ensure contact goals of tactical plan
- Assign point responsibilities and follow metrics to ensure tactical plans are completed

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Materials Required-VIP

- Value Incentive Program (VIP)
  - Bulletin COX 01-065

- Contract for VIP
  - Enrollment Form
  - Terms and Conditions
- Monthly tracking report during the first six-months, quarterly thereafter
- FAQ's- Background only-Do not show to customers
- Two sided detail piece for VIP (available Oct. 19, 2001)

Hospital Strategy-VIP

- Potential to maximize hospital market share for VIOXX
- In prior programs involving other products increases in hospital market share spilled over to the retail segment

Strategic Objectives: Hospital Segment

- Grow and defend share of VIOXX (among COX-2 targeted agents)
  - Continue to focus on efficacy in acute pain
  - Enroll hospitals in VIP
  - Deliver 4 core promotional messages as part of balanced product discussions
  - Prepare for competition

- Increase penetration into the A&A Class
  - Enroll hospitals in VIP

VIP - Terms & Conditions

- Available to non-federal, acute care Hospitals / Systems
- Hospital designates VIOXX as the "Exclusive NSAID that selectively inhibits COX-2 on Formulary"
  - "Exclusive" defined as the only product in the "Branded A&A Basket" listed on hospital formulary for approved indications
  - VIOXX shall not be disadvantaged against generic NSAIDS for appropriate indications
- Hospital / System must achieve ≥80% Market Share for Vioxx in Branded A&A Market Basket
  - A&A Market Basket defined as VIOXX, Celebrex, Arthrotec, Mobic, Relafen, Lodine, Daypro, Ultram, Ultracet and any new branded members of the class
- Flat Price effective the first month following receipt of and acceptance by Merck of signed enrollment form
  - Represents immediate on-invoice discount
  - Discount = 92% on 12.5/25MG, 94% on 50MG
- If Hospital / System fails to maintain at least ≥80% Market Share for VIOXX for more than one calendar quarter after initial Quarterly Reconciliation, it will be removed from VIP and will not be reinstated

VIP-One Level/One Share Target/One Price

- Market Share for VIOXX
  - ≥80%
- Performance Discount for VIOXX
  - 12.5mg or 25mg ⇒ 92%
  - 50mg ⇒ Price will be equal to 25mg (≈94.5%)
  - Oral Suspension ⇒ 92%

Basket Includes: VIOXX, Celebrex, Arthrotec, Mobic, Relafen, Lodine, Daypro, Ultram, Ultracet, and any new branded products

Coverage of VIP Targeted Institutions

	Type of Accounts	Enrollment	Pull Through
I	Teaching/Academic	HSG (SHR*)	Retail - OBR Staff - HSG
II	Large Community	HSG(ACR*)	Retail - OBR Staff - HSG
III	Med. Community	OBR	OBR

**Unless Account Manager differs for customer*

Roles & Responsibilities - NAE's

- Present GPO and IHS accounts contract amendment for VIP
  - Review Terms and Conditions
  - Seek to have customer endorses VIP at GPO or System level and communicate decision with members
- Work with HSG and OBR's to maximize opportunities at the GPO/IHS and Hospital level once amendment is signed

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Key Take-aways

- Drive share within the COXIB market
  - Differentiate based upon acute pain
- Address CV, HTN, Whelton, (MOBIC) obstacles and return to the core messages
- Prepare for anticipated competitive launch
  - Establish efficacy of VIOXX in preparation for valdecoxib
- Deliver all 4 core messages for VIOXX during every product discussion
- Successfully launch the VIP program
- Remember to provide appropriate balancing information as part of all product discussions

Preparation for New Entrants

- Prepare for anticipated competitive launches
  - Focus on pain relief image of VIOXX in preparation for new oral entrants
  - Focus on acute pain studies using post surgical models
    - Efficacy superior to oxycodone/acetaminophen 5/325mg a narcotic
    - Reduced use of narcotic rescue medication compared to placebo
  - Over 40 million prescriptions written
  - Widely available on managed care and hospital formularies
  - Always once-daily for all indications
  - No sulfonamide contraindication